## **EXHIBIT 4**

## U.S. Property and Casualty Insurance Company 1120-PC OMB No. 1545-0123 Income Tax Return For calendar year 2015, or tax year beginning , 2015, ending Department of the Treasury Internal Revenue Service ▶ Information about Form 1120-PC and its separate instructions is at www.irs.gov/form1120pc. B Employer identification number Name Check if: Consolidated return Please (attach Form 851) . Number, street, and room or suite no. If a P.O. box, see instructions. C Date incorporated print Life-nonlife consolidated return type D Check applicable box if an election City or town, state or province, country, and ZIP or foreign postal code Schedule M-3 (Form 1120-PC) has been made under section(s): attached 953(d) 953(c)(3)(C) Amended return (2) (3) Address change (4) Final return Name change Check if: **Payments** and 11 Computation Other taxes. Check if from: Form 4255 Form 8611 Other (attach statement) . . 2014 overpayment credited to 2015 . . . | 14a | Prior year(s) special estimated tax payments 14b 2015 estimated tax payments (see instructions) . 14c d 2015 special estimated tax payments (Do not include on line 14f) 2015 refund applied for on Form 4466 . . . . 14e 14f Enter the total of lines 14a through 14c less line 14e . . **14g** Credit by reciprocal for tax paid by attorney-in-fact under section 835(d) . 14h **14i** 14k 15 Estimated tax penalty (see instructions). Check if Form 2220 is attached 15 16 Amount owed. If line 14k is smaller than the total of lines 13 and 15, enter amount owed 16 17 Overpayment. If line 14k is larger than the total of lines 13 and 15, enter amount overpaid Enter amount from line 17: Credited to 2016 estimated tax 18 Refunded > Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign

Firm's address ▶ For Paperwork Reduction Act Notice, see separate instructions.

Here

**Paid** 

Preparer

Use Only

Signature of officer

Firm's name

Print/Type preparer's name

Cat. No. 64270Q

Date

Title

Date

Preparer's signature

Form **1120-PC** (2015)

May the IRS discuss this return

with the preparer shown below

(see instructions)? ☐ Yes ☐ No

PTIN

Check

Firm's EIN ▶

Phone no.

self-employed

So	hedu	le A Taxable Income - Section 832 (see instru	ictions)		
	1	Premiums earned (Schedule E, line 7)	781 582 18 18 18	100 201 201 1 W W W	1
	2	Dividends (Schedule C, line 14)			2
			(a) Interest received	(b) Amortization of	
				premium	
	3a	Gross interest			
	b	Interest exempt under section 103			
	D	Interest exempt under section root.			
(1)	С	Subtract line 3b from line 3a			
Ĕ		Taxable interest. Subtract line 3c, column (b) from line 3c, colu		(*/ ).*! ).*! (* .*	3d
20	4	Gross rents	<b>■</b>   <b>■</b>   ( <b>■</b> )   ( <b>■</b> )   ( <b>■</b> )   <b>■</b>		4
=	5	Gross royalties			
	6	Capital gain net income (attach Schedule D (Form 1120))			
	7	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form			
	8	Certain mutual fire or flood insurance company premiums (second line on account of special income and deduction accounts			
	9 10	Income on account of special income and deduction accounts Income from protection against loss account (see instructions)			10
	11	Mutual interinsurers or reciprocal underwriters—decrease in su			11
	12	Income from a special loss discount account (attach Form 881			
	13	Other income (attach statement)			13
	14	Gross income. Add lines 1 through 13			
	15	Compensation of officers (attach statement) (see instructions)			
S.)	16	Salaries and wages (less employment credits)			
on	17	Agency balances and bills receivable that became worthless d			
ıcti	18	Rents			19
pe	19 20a	Taxes and licenses	st exp. ►	c Bal. ▶	20c
þ	20a	Charitable contributions			( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
s or	22	Depreciation (attach Form 4562)			
Suc	23	Depletion			00
atic	24	Pension, profit-sharing, etc., plans			
nit	25	Employee benefit programs			
=	26	Losses incurred (Schedule F, line 14)			
for	27	Additional deduction (attach Form 8816)			TARREST CONTRACTOR OF THE PARTY
Suc	28	Other capital losses (Schedule G, line 12, column (g))			29
Ķ	29 30	Dividends to policyholders			
2	31	Other deductions (see instructions) (attach statement)			
instr	32	Total deductions. Add lines 15 through 31			
ee i	33	Subtotal. Subtract line 32 from line 14			
(Se	34a	Special deduction for section 833 organizations (		î î	
US		line 6)			
tio		Deduction on account of special income and deduction account			34c
S C	25	Total. Add lines 34a and 34b			35
Sec	35 36a	Dividends-received deduction (Schedule C, line 25)			
	b		The same of the sa		
	c	Total. Add lines 36a and 36b			36c
	37	Taxable income (subtract line 36c from line 35). Enter here an	nd on page 1, line 1.		37 - 4400 DC (0045)

Sc	hed	ule B Part I—Taxable Investment Income of	Electing Small	Companies – Section	n 834 (see instructions)
			(a) Interest receive	(b) Amortization of premium	
	1a	Gross interest			
	b	Interest exempt under section 103			
Je					
Ö	C	Subtract line 1b from line 1a	dumn (a)		1d
<u>n</u>	d	Taxable interest. Subtract line 1c, column (b) from line 1c, column (b)			
	2	Gross rents			
	3	Gross rents			
	4	Gross royalties	nce husiness and fr	om Form 4797	5
	5	Income from leases described in sections 834(b)(1)(B) and 83			
	6	Gain from Schedule D (Form 1120), line 18			
	ρ	Gross investment income. Add lines 1d through 7			
	0	Real estate taxes			247
	10	Other real estate expenses		N (M) (M) (M) (M) (M) (M) (M)	10
	12/1/2/1	Depreciation (attach Form 4562)		a) 1961 1961 1961 19 A A B	11
	11 12	Depletion			12
	13	Trade or business deductions as provided in section 834(c)(8	3) (attach statement)	# DE DE SEC DE # #	13
ns	14	Interest			
tio	15	Other capital losses (Schedule G, line 12, column (g))	E 160 200 200 20 18		. 15
nc	16	Total. Add lines 9 through 15			. 16
ed	17	Investment expenses (attach statement)			. 17
	18	Total deductions. Add lines 16 and 17			
	19	Subtract line 18 from line 8			
	20	Dividends-received deduction (Schedule C, line 25)			
	21	Taxable investment income. Subtract line 20 from line 19.	Enter here and on pa	age 1, line 2	. 21
Pa	rt II-	-Invested Assets Book Values			
(Co	mple	ete only if claiming a deduction for general expenses	allocated to inve	estment income.)	(b) End of tax year
				(a) Beginning of tax year	(b) End of tax year
22	F	Real estate	_	22	
23	B N	Nortgage loans		23	
24		Collateral loans	(A) (A)	24	
25		olicy loans, including premium notes		25	
26		Bonds of domestic corporations		26	
27		Stock of domestic corporations		27	
28		Rovernment obligations, etc		28	
29		Bank deposits bearing interest	41 9.6 140 15 15	29	
30		Other interest-bearing assets (attach statement)		The second secon	
3		otal. Add lines 22 through 30			. 32
32		Add columns (a) and (b), line 31			
3					
34		Multiply line 33 by .0025			
3		and line 16		35	
0				36	
30		Multiply line 33 by .0375			
3.		Multiply line 37 by .25			. 38
3	۱۱ د	viulupiy iiile or by .20			
39	9 1	imitation on deduction for investment expenses. Add lines 34 a	and 38	■ ■ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 39
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Sch	edule C Dividends and Special Deductions		Dividends-	Received
	(see instructions)		(a) Subject to section	(b) Total dividends-
	Income		832(b)(5)(B)	received
1	Dividends from less-than-20%-owned domestic corporations (other than debt-			
	financed stock)	1		
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed			
	stock)	2		
3	Dividends on debt-financed stock of domestic and foreign corporations	3		
4	Dividends on certain preferred stock of less-than-20%-owned public utilities	4		
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities	5		
6	Dividends on stock of certain less-than-20%-owned foreign corporations and certain			
	FSCs	6		
7	Dividends on stock of certain 20%-or-more-owned foreign corporations and certain			
	FSCs	7		
8	Dividends from wholly owned foreign subsidiaries and certain FSCs	8		
9	Dividends from affiliated companies	9		
		10		
10	Other dividends from foreign corporations not included on lines 3, 6, 7, or 8	10		
44	Income from controlled foreign corporations under subpart F (attach Forms 5471)	11		
11	income from controlled foreign corporations under subpart in (attach i offis 547 i)			
12	Foreign dividend gross-up (section 78)	12		
12	roreight dividend gross-up (section 70)			
13	Other dividends (attach statement)	13		
14	Total dividends. Add lines 1 through 13. Enter here and on Schedule A, line 2, or			
	Schedule B, line 2, whichever applies	14		
			Dividends-Rece	ived Deduction
	Deduction		(a) Subject to section 832(b)(5)(B)	(b) Total dividends- received deduction
			002(0)(0)	
15	Multiply line 1 by 70%			
16	Multiply line 2 by 80%			
17	Deduction for line 3 (see instructions)			
18	Multiply line 4 by 42%			
19	Multiply line 5 by 48%			
20	Multiply line 6 by 70%			
21	Multiply line 7 by 80%			
22	Enter the amount from line 8			
23	Total. Add lines 15 through 22. (See instructions for limitation.)	23		
04	Total. Add line 23, column (a), and line 9, column (a). Enter here and on Schedule F,			
24	line 10			
25	Total deductions. Add line 23, column (b), and line 9, column (b). Enter here and on So		e A, line 36a, or	
20	Schedule B, line 20, whichever applies			
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Sch	edule E Premiums Earned — Section 832 (see instructions)		
1	Net premiums written		1
2	Unearned premiums on outstanding business at the end of the preceding tax year:		
a	Enter 100% of life insurance reserves included in unearned premiums		
	(section 832(b)(7)(A)) and unearned premiums of section 833 organizations		
	(see instructions)		
b	Enter 90% of unearned premiums attributable to insuring certain securities 2b		
C	Discounted unearned premiums attributable to title insurance 2c		
d	Enter 80% of all other unearned premiums (see instructions)	250	
е	Total. Add lines 2a through 2d	. 2	2e
3	Total. Add lines 1 and 2e		3
4	Unearned premiums on outstanding business at the end of the current tax year:		
а	Enter 100% of life insurance reserves included in unearned premiums		
	(section 832(b)(7)(A)) and unearned premiums of section 833 organizations		
	(see instructions)		
b	Enter 90% of unearned premiums attributable to insuring certain securities 4b		
С	Discounted unearned premiums attributable to title insurance 4c		
d	Enter 80% of all other unearned premiums (see instructions)		
е	Total. Add lines 4a through 4d	. 4	4e
5	Subtract line 4e from line 3		5
6	Transitional adjustments under section 832(b)(7)(D) (see instructions)		6
7	Premiums earned. Add lines 5 and 6. Enter here and on Schedule A, line 1		7
Sch	edule F Losses Incurred – Section 832 (see instructions)		
1	Losses paid during the tax year (attach reconciliation to annual statement)	3.0	1
2	Balance outstanding at the end of the current tax year for:		
a	Unpaid losses on life insurance contracts		
b	Discounted unpaid losses		
C	Total. Add lines 2a and 2b		2c
3	Add lines 1 and 2c		3
4	Balance outstanding at the end of the preceding tax year for:		
a	Unpaid losses on life insurance contracts		
b	Discounted unpaid losses	718	
C	Total. Add lines 4a and 4b		4c
5	Subtract line 4c from line 3		5
6	Estimated salvage and reinsurance recoverable at the end of the preceding tax year		6
7	Estimated salvage and reinsurance recoverable at the end of the current tax year		7
8	Losses incurred (line 5 plus line 6 less line 7)		8
9	Tax-exempt interest subject to section 832(b)(5)(B)		
10	Dividends-received deduction subject to section 832(b)(5)(B) (Schedule C, line		
	24)		
11	The increase in policy cash value of section 264(f) policies as defined in section	5.0	
	805(a)(4)(F)		
12	Total. Add lines 9, 10, and 11		12
13	Reduction of deduction under section 832(b)(5)(B). Multiply line 12 by .15		13
14	Losses incurred deductible under section 832(c)(4). Subtract line 13 from line 8. Enter here and		
8	Schedule A, line 26	10-1	14 DC (2015)
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Sch	nedule G Other C	Capital Losses	(see instruction	ns)				
		assets sold or tions to policyho		meet abnorr	nal insurance	losses and to pa	ay divid	ends and similar
1	Dividends and similar di	istributions paid to	policyholders .				1	
2	Losses paid					1		
3	Expenses paid							
4	Total. Add lines 1, 2, an					_		
	Note. Adjust lines 5 th							
5	Interest received			#2 19#2 F#2 5#3 5	5			
6	Dividends-received (Sch							
7	Gross rents, gross roya							
	or business other than a (include gains for invest	an insurance busin	ess including inco	ome from Form	1797			
8	Net premiums received							
9	Total. Add lines 5 throu						0	
10	Limitation on gross rece						10	
	(a) Description of capital asset	(b) Date acquired	(c) Gross sales price	(d) Cost or other basis	(e) Expense of sale	(f) Depreciation allowe (or allowable)	ed	(g) Loss ((d) plus (e) less sum of (c) and (f))
11								Sairi Oi (C) and (I))
-								
12	Totals-column (c) mus	st not be more					NE SER	
	than line 10. (Enter amo	unt from column						
	(g) in Schedule A, line							
	B, line 15, whichever ap	plies)					8.0	
Sch		Deduction An	d Ending Adju	usted Surplu	s for Section	n 833 Organization	ons	
1	Health care claims incu		x vear and liability	ties incurred du	ring the tax vea	ar under cost-plus		
	contracts				1000	.,	4	
2	Expenses incurred duri					_	-	
	health care claims or in				7		2	
3	Total. Add lines 1 and 2					-	3	
4	Multiply line 3 by .25 .					<u></u>	4	
5	Beginning adjusted surp						5	
6	Special deduction. If yo							
	deduction. All others s Schedule A, line 34a. (S	subtract line 5 fro	m line 4. If zero	or less, enter	-0 Enter amo	ount here and on		
7	Net operating loss dedu							
8	Net exempt income:	otion (ochedule A,		* * *				
а		ome					20	
b	Adjusted tax-exempt income Adjusted dividends-rece						8a	
9	Taxable income (Schedu						8b	
10	Ending adjusted surplu						10	
	adjacted surpid		agii o	* * * *			10	

Sch	edule I Other Information (see instruct	ions)			T
		Yes No			Yes No
1	Check method of accounting:		7	Has the corporation elected to use its own payout	
'	Cash			pattern for discounting unpaid losses and unpaid	
a				loss adjustment expenses?	
b	Accrual	NATE OF THE RESERVE O			
C	Other (specify)			E i i i i i i i i i i i i i i i i i i i	
			8a	Enter the total unpaid losses shown on the	
2	Check box for kind of company:			corporation's annual statement:	
а	Mutual			(1) for the current tax year: \$	
b	Stock			(2) for the previous tax year: \$	
			b	Enter the total unpaid loss adjustment expenses	
				shown on the corporation's annual statement:	
3	At the end of the tax year, did the corporation own,				
	directly or indirectly, 50% or more of the voting			(1) for the current tax year:	
	stock of a domestic corporation? (For rules of		-43	(2) for the previous tax year: \$	
	attribution, see section 267(c).)				
	If "Yes," attach a statement showing:		9	Does the corporation discount any of the loss	
	(a) name and employer identification number (EIN);			reserves shown on its annual statement?	
	(b) percentage owned; and (c) taxable income or				
	(loss) before NOL and special deductions of such		10	Enter the amount of tax-exempt interest received or	
	corporation for the tax year ending with or within			accrued during the tax year ► \$	
	your tax year.			If it is a second of the secon	
			11	If the corporation has an NOL for the tax year	
4	Is the corporation a subsidiary in an affiliated group			and is electing to forgo the carryback period,	
	or a parent-subsidiary controlled group?			check here	
	If "Yes," enter name and EIN of the parent			If the corporation is filing a consolidated return, the	
	corporation			statement required by Regulations section	
				1.1502-21(b)(3) must be attached or the election	
				will not be valid.	
			40	Enter the evallable NOI corrector from prior tay	
5	At the end of the tax year, did any individual,		12	Enter the available NOL carryover from prior tax	
	partnership, corporation, estate, or trust own, directly			years. (Do not reduce it by any deduction on line	
	or indirectly, 50% or more of the corporation's voting			36b, Schedule A.) ▶\$	
	stock? (For rules of attribution, see section 267(c).)				
	If "Yes," attach a statement showing name and		13	Is the corporation required to file Schedule UTP	
	identifying number. (Do not include any information			(Form 1120), Uncertain Tax Position Statement (see	
	already entered in 4 above.)			instructions)? If "Yes," complete and attach	
	Enter percentage owned ►			Schedule UTP	
				If the companytion is a DivisiOres or Division Chief	
6	At any time during the tax year, did one foreign		14	If the corporation is a Blue Cross or Blue Shield	
	person own, directly or indirectly, at least 25% of:			organization described in section 833(c)(2), or other	
	(a) the total voting power of all classes of stock of			organization described in section 833(c)(3), did it	
	the corporation entitled to vote, or (b) the total value			meet the medical loss ratio (MLR) requirements of	
	of all classes of stock of the corporation? If "Yes,"			section 833(c)(5)?	
	enter:				
	(a) Percentage owned ► and (b) Owner's			Enter:	
	country			(a) Section 833(c)(5) \$	
				MLR numerator:	
	(c) The corporation may have to file Form 5472,			(b) Section 833(c)(5) \$	
	Information Return of a 25% Foreign-Owned U.S.			MLR denominator:	
	Corporation or a Foreign Corporation Engaged in a			(c) Section 833(c)(5) MLR: %	
	U.S. Trade or Business. Enter number of Forms				
	5472 attached ►				20-PC (2015)

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Schedule L Balance Sheets per Books (All filers are required to complete this schedule.)							
		Beginnii	ng of tax y	ear	End of ta	x year	
	Assets	(a)		(b)	(c)	(d)	
1	Cash						
2a	Trade notes and accounts receivable						
b	Less allowance for bad debts	( )				)	
3	Inventories						
4	U.S. government obligations						
5	Tax-exempt securities (see instructions) .						
6	Other current assets (attach statement) .						
7	Loans to shareholders						
8	Mortgage and real estate loans						
9	Other investments (attach statement)						
10a	Buildings and other depreciable assets .						
b	Less accumulated depreciation	(			(	)	
11a	Depletable assets						
b	Less accumulated depletion	(			(		
12	Land (net of any amortization)						
	Intangible assets (amortizable only)						
b	Less accumulated amortization	(			(	5	
14	Other assets (attach statement)						
15	Total assets						
	abilities and Shareholders' Equity						
16	Accounts payable						
17	Mortgages, notes, bonds payable in less than 1 year						
18	Insurance liabilities (see instructions)						
19	Other current liabilities (attach statement) .						
	Loans from shareholders						
20							
21	Mortgages, notes, bonds payable in 1 year or more						
22	Other liabilities (attach statement)		DES FIRE				
23	Capital stock: a Preferred stock						
0.4	<b>b</b> Common stock						
24	Additional paid-in capital						
25	Retained earnings—Appropriated (attach statement)						
26	Retained earnings—Unappropriated						
27	Adjustments to shareholders' equity (attach statement)		/			/	
28	Less cost of treasury stock		(				
29	Total liabilities and shareholders' equity .	a (I a a a l a a a l	o verible I	maama (1 aaa)	Datuus		
Sche	Reconciliation of Incom Note: Schedule M-3 require					e instructions	
		a motoda or ochieda	7		d on books this year not		
2	Net income (loss) per books		•	included in this			
2				Tax-exempt inte	24 E		
1	Excess of capital losses over capital gains Income subject to tax not recorded on		а	Tax exempt litte			
4	books this year (itemize)		8	Deductions in th	is tax return not charged		
5	Expenses recorded on books this year not				ome this year (itemize)		
3	deducted in this return (itemize)		2	Depreciation \$	Jour (North Zo)		
2	Depreciation \$		h	Charitable contr	ibutions \$		
h	Charitable contributions \$			Oriantable conti			
C	Travel and entertainment \$		0	Add lines 7 and	Ω		
	Travolana cintertaininent •		10		8		
6	Add lines 1 through F		10		A, line 35 or Schedule B, ole)—line 6 less line 9.		
5che	Add lines 1 through 5	ated Retained E	arnings	Commission of the Commission o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
JOHN			5		a Cash		
0	Balance at beginning of year		3		b Stock		
2	Net income (loss) per books						
3	Other moreases (itemize)		6	Other decreases	c Property		
			7		6		
1	Add lines 1 2 and 2				of year (line 4 less line 7)		
4	Add lines 1, 2, and 3		0	Dalaille at ellu (	year (IIIIe 4 less IIIe /)	1	